

ther classification is made between on airport and off airport incidents, as this will typically dictate responding personnel. After these classifications, the specific responding groups are identified, which culminate in reporting requirements to the NTSB under 14 CFR 830. Any of these groups, whether they are first-responding professionals, or other employees could be exposed to trauma depending on a variety of circumstances.

## **Mental Health Options**

There are several different types of mental health care options for an individual to receive. An obvious avenue would be the Employees Assistance Program (EAP) which is generally accessed through the human resources department of an organization; another area to find care would be through the community, through private mental health care organizations, and through one's own personal health care provider. Many people also find that their spiritual affiliation is of guidance during times of difficulty.

In the following paragraphs, Palm et al. (2004) suggest ways in which to limit vicarious trauma reactions. They detail recommendations for interventions at the individual and organizational levels.

The following is a list of actions which may limit vicarious trauma reaction at the individual level: spending time with other people outside of the work environment/staying connected and not isolating oneself; asking for support; engaging in activities that provide a sense of purpose; attending to physical health; maintaining balance between professional, physical and emotional aspects of life; attaining social support; accepting that emotional distress in trauma survivors is a "normal" reaction to traumatic events; limiting unnecessary exposure to the traumatic event by decreasing exposure through the media/newspaper; maintaining balance in the work situation; taking vacations; identifying personal limits; and talking to coworkers. Poor communication with coworkers has been shown to increase risk of adverse vicarious post-traumatic stress reactions.

The following is a list of actions which may limit vicarious trauma reaction at the organizational level: providing appropriate training for dealing with trauma and disaster; providing information about traumatic stress reactions; effective coping and possible interventions and encouraging use of natural social support systems; normalizing traumatic stress reactions, being encouraged to advocate for survivors or change policies to help survivors; ensuring manageable workloads; creating a respectful, supportive work environment; having access to support resources without fear of negative consequences; and encouraging vacations. Lack of social support in the work situation, poor communication, and poor support from supervisors has been associated with increased risk for secondary trauma, burnout, and fatigue.

## **Employees Assistance Programs**

An EAP is an initiative undertaken by a company or organization which seeks to provide mental health assistance to employees who may be experiencing stress or trauma. Employees may utilize the services of an EAP, free of charge, for personal psychological traumas and other reasons such as substance abuse problems. One of the hallmarks of most EAPs involves some sort of anonymity or de-identification of participating employees, wherein employers are kept unaware of which of their employees are participating. In spite of the cost to employers, most research indicates overall employee productivity is maintained or even enhanced, and thus justified (Kirk & Brown, 2003).

Some EAPs offer a Critical Incident Response Management (CIRM) program, which can be utilized by individual employees after a disaster or crisis occurs (Freeman, 2007). CIRM could be utilized specifically to respond to an organizational-wide disaster. Paul (2006) found that EAPs can be effective when dealing with large scale traumatic events so long as the focus is split between the organization and the individual worker. Badenhorst (1992) further found that for maximum efficacy, an EAP response following a disaster should be tailored to specific circumstances, which include simplicity, proximity, immediacy and expectancy.

Central to EAPs is the fact that most mental health or counseling services are provided by trained and licensed mental health professionals. Other mental health recovery programs often involve some sort of peer-based counseling, but that is the exception rather than the norm in EAPs. One such EAP that includes peer-based meetings is the FBI EAP (McNally, 1999). While still utilizing professional personnel in its traditional EAP processes, their program also makes use of peer support. To date, the efficacy of such a "mixed-method" EAP regarding traumatic events has not been extensively evaluated but warrants further attention.

Timmons (2004) explains that traditional EAPs do not go far enough to support key personnel and their families in times of a severe or regional crisis. Furthermore, existing programs may not have the depth of resources needed for response. Some key areas of concentration for an enhanced EAP would be to have "an executive level champion, an organizational-wide awareness of program, and all personnel should participate in the initial training program" (p. 74). The article is careful to point out that there is no silver bullet for organizational survival during crisis events and that programs should be tested where appropriate. The human resources department of any organization should remain as the focal point of contact for supporting personnel and their families through the crisis, as well as providing ongoing support to the recovery process.